
State: District of Columbia **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010
Product Name: GROUP MEDICARE SUPPLEMENT PLANS
Project Name/Number: ADVERTISING/FM16-1039

Filing at a Glance

Company: UnitedHealthcare Insurance Company
Product Name: GROUP MEDICARE SUPPLEMENT PLANS
State: District of Columbia
TOI: MS08G Group Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08G.001 Plan A 2010
Filing Type: Form
Date Submitted: 11/17/2016
SERFF Tr Num: UHLC-130813162
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: FM16-1039

Implementation
Date Requested:
Author(s): Michelle Ambach, Bobbie Walton, Lisa Muhammad, Ron Beverly II
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

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General Information

Project Name: ADVERTISING Status of Filing in Domicile: Not Filed
Project Number: FM16-1039 Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Association Overall Rate Impact:
Filing Status Changed: 11/17/2016
State Status Changed: Deemer Date:
Created By: Michelle Ambach Submitted By: Michelle Ambach
Corresponding Filing Tracking Number:

Filing Description:

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is new and does not replace any previously submitted advertisement. The material included within this filing is an Invitation to Contract.

The enclosed materials will be utilized with the following which were approved by the Department on 9/29/09 under UHLC-126263873.

Standardized Medicare Supplement Certificates: MDA0326 – MDN0332 (Non-Agent Sales)
Plan Benefit Tables: BT25 – BT31, BT002 ST AB, BT002 ST CF, BT002 ST KLN
Plan Overviews: POV3
Rules & Disclosures: RD4
Premium Rate Pages: MRP0001 (All non-agent sales marketing channels)
MRP0003 (All marketing channels including agent sales)

The following enrollment application(s) will be used with the enclosed advertising material(s) approved by the Department on 9/29/09 under SERFF Tracking Number UHLC-126263873: M74645MMMMDC01 01B.

The definitions, disclosures, eligibility requirements, exclusions, limitations, Group Policy Form No. GRP 79171 GPS-1, as well as, the statement, "...not connected with, or endorsed by, the U.S. Government or the federal Medicare program," can be found in BA25014ST (07-12) which was approved by the Department on 6/29/2012, under SERFF Tracking Number UHLC-128514562.

Company and Contact

Filing Contact Information

Michelle Ambach, Compliance Specialist Michelle_C_Ambach@uhc.com
680 Blair Mill Rd. 215-902-8461 [Phone]
Horsham, PA 19044 215-902-8813 [FAX]

State: District of Columbia**Filing Company:** UnitedHealthcare Insurance Company**TOI/Sub-TOI:** MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010**Product Name:** GROUP MEDICARE SUPPLEMENT PLANS**Project Name/Number:** ADVERTISING/FM16-1039**Filing Company Information**

UnitedHealthcare Insurance

CoCode: 79413

State of Domicile: Connecticut

Company

Group Code: 707

Company Type: Life and

185 Asylum Street

Group Name:

Health

Hartford, CT 06103

FEIN Number: 36-2739571

State ID Number: 79413

(860) 702-5000 ext. [Phone]

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

| | | | |
|-----------------------------|---|------------------------|------------------------------------|
| State: | District of Columbia | Filing Company: | UnitedHealthcare Insurance Company |
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Form Schedule

| Lead Form Number: LA26786STGRS | | | | | | | | |
|--------------------------------|----------------------|-----------|--------------|-----------|-------------|----------------------|-------------------|------------------|
| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
| 1 | | LETTER | LA26786STGRS | ADV | Initial | | 45.000 | LA26786STGRS.pdf |

Form Type Legend:

| | | | |
|-------------|---|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |



[SAMPLE NAME
XXX MAIN STREET
ANYWHERE, XX XXXXX-XXXX]

Dear [Retiree],

Congratulations! Turning 65 is a time to celebrate and also a time to explore your new opportunities.

One new opportunity is your eligibility for Medicare. Whether you are familiar with Medicare and your new health insurance options or you have questions, UnitedHealthcare Insurance Company (UnitedHealthcare) is here to help.

[[Company Name] would like you to consider] [An option for you is] an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare.

Medicare Parts A & B don't pay for all your medical expenses. There are out-of-pocket costs such as co-payments, deductibles, and co-insurance that are not covered by Medicare. An AARP Medicare Supplement Plan, like all standardized Medicare supplement insurance plans, may help you pay some or all of these out-of-pocket costs.

Use this booklet to find the AARP Medicare Supplement Plan that best fits your health care needs. This enrollment kit provides information about how Medicare works, how a Medicare supplement plan may help, and your specific premium and plan choices. An enrollment form is included if you are ready to enroll. You may also call for information and to get answers to any questions you have, and a licensed insurance agent/producer will take your enrollment over the phone if you prefer.

Sincerely,

UnitedHealthcare

Reply [by [XX/XX/XXXX]/as soon as possible] for your earliest effective date.
Enrollment in an AARP Medicare Supplement Insurance Plan is voluntary.

Why a Medicare Supplement Plan?

- No claim forms.
- You may choose your own doctors and hospitals that accept Medicare patients. There are no networks or referrals.
- Your coverage will go with you when you travel anywhere in the U.S.
- There are no annual enrollment periods so if your health care needs change, you may change your coverage.¹
- Guaranteed renewable: Your coverage can never be cancelled.²

Why an AARP Medicare Supplement Insurance Plan?

- Stable rates.³
- Over [4] million individuals have chosen UnitedHealthcare as their Medicare supplement insurer.⁴
- [96]% of insured AARP members surveyed reported being satisfied with their AARP Medicare Supplement Insurance Plans.⁵
- The only Medicare supplement plans endorsed by AARP.

FOR QUESTIONS OR MORE INFORMATION



Call UnitedHealthcare to speak with a licensed insurance agent/producer at [[1-XXX-XXX-XXXX], 7 days a week, 8 a.m. to 8 p.m. local time, TTY 711.]



[www.AARPMedSuppRetirees.com]

[You may call to speak with a UnitedHealthcare licensed insurance agent/producer to enroll or get answers to your questions. Please do not enroll through an external individual agent/producer since they will not be familiar with the details of your circumstances.]

¹If you choose to change plans, you may be underwritten and may not be accepted into the plan.

²As long as premiums are paid on time and there has been no material misrepresentation made on the enrollment/application form.

³AARP Medicare Supplement Insurance Plan annual base rate increases have been [2.9%] nationally on average between [2011 and 2015]. From a report prepared for UnitedHealthcare Insurance Company by ORC International, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," [August 2015], [www.uhcmedsupstats.com] or call [1-800-523-5800] to request a copy of the full report.

⁴From a report prepared for UnitedHealthcare Insurance Company by ORC International, "Substantiation of Advertising Claims Concerning AARP Medicare Supplement Insurance Plans," [August 2015], [www.uhcmedsupstats.com] or call [1-800-523-5800] to request a copy of the full report.

⁵From a report prepared for UnitedHealthcare Insurance Company by GfK Custom Research NA, "Medicare Supplement Plan Satisfaction Posted Questionnaire," [8/24/15], [www.uhcmedsupstats.com] or call [1-800-523-5800] to request a copy of the full report.

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA. Policy form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. Contact will be made by UnitedHealthcare Insurance Company.

You must be an AARP member to enroll in an AARP Medicare Supplement Insurance Plan.

See the enclosed materials for complete information including benefits, costs, eligibility requirements, exclusions and limitations.

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|-----------------------------|---|--------------------------|------------------------------------|----------------------------|-----------|
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Supporting Document Schedules

| | |
|--------------------------|--------------------------|
| Satisfied - Item: | STATEMENT OF VARIABILITY |
| Comments: | |
| Attachment(s): | SOV544ST.pdf |
| Item Status: | |
| Status Date: | |

Statement of Variability

1st Effort:

Letter: LA26786STGRS

| Variable | Description |
|--|---|
| [SAMPLE NAME XXX MAIN STREET ANYWHERE, XX XXXXX-XXXX] | Name and address of the recipient. |
| [Retiree] | Name of retiree |
| [[Company Name] would like you to consider] [One option for you is] | One or the other of these statements will appear. If the first statement appears the company name of the retiree will be filled in. |
| [by [XX/XX/XXXX]/as soon as possible] | This statement could be removed. If used the reply by date will be filled in. |
| [4] | The number of millions of individuals who chose UnitedHealthcare as their insurer. This number could change. |
| [96] | The percentage of AARP members who were surveyed and were satisfied with their plans. |
| [[1-xxx-xxx-xxxx], 7 days a week, 8 a.m. to 8 p.m. local time, TTY 711.] | The phone number and hours could change. |
| [www.AARPMedSuppRetirees.com] | The URL could change but will always direct to the same page. |
| [You may call to speak with a UnitedHealthcare licensed insurance agent/producer to enroll or get answers to your questions. Please do not enroll through an external individual agent/producer since they will not be familiar with the details of your circumstances.] | This may or may not appear. |

Statement of Variability

| | |
|--|--|
| [2.9%] | Annual rate increase percentage for the state time range which could change. |
| [2011 and 2015] | The range of years the annual rate increase percentage is based on. The range of years could change. |
| [August 2015] | Date of the most current Substantiation of Advertising Claims. The publication date could change if it is updated. |
| [www.uhcmedsupstats.com] | Website to obtain copy of report/questionnaire. URL could change but will always direct to the same page. |
| [1-800-523-5800] | Phone number to request copy of report/questionnaire. Phone number could change. |
| [8/24/15] | Date of the most current questionnaire. The publication date could change if it is updated. |